

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

10/531350

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		2				/	53						
4		1				/	54						
5						/	55						
6						/	56						
7						/	57						
8						/	58						
9						/	59						
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12						/	62						
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25						/	75						
26	/		/		/		76						
27						/	77						
28						/	78						
29		1					79						
30	/		/		/		80						
31						/	81						
32		/			/		82						
33						/	83						
34						/	84						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	34	3	↓		↓							
TOTAL DEP.	30	←	30	←		←		↓	↓	↓			
TOTAL CLAIMS	33	██████████	33	██████████		██████████		██████████	██████████	██████████			

PTO-836 (REV. 9-63)

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